UNITED STATES

	DECLARATION AND	PATENT APPLICATIO POWER OF ATTORNEY -			NEY'S DOCKET NO. 205,011	
) TITLE OF EVENTION	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name: I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled (1) PHARMACEUTICAL COMPOSITION CONTAINING A SMALL OR MEDIUM SIZE PEPTIDE					
	the specification of which					
CHECK PROPRIATE	is attached hereto.					
BOX .	x was filed on February 2, 2001 as Application No.					
	and was amended on(if appli			le).		
CHECK PROPRIATE X	claims, as amended by any I acknowledge my duty to application under 37 CFR issued before the date of the by me or my legal represe for patents or inventor's capplication by me or my legal (3) no such application	reviewed and understand the y amendment referred to about disclose information of which 1.56(a): the invention has not his application in any country antatives or assigns more than ertificate on the invention file egal representatives or assign ons have been filed, or a have been filed as follows:	ve. ch I am aw ot been pate y foreign tc n twelve mo ed in any c as.	This correspond deposited with the Postal Service of February 2, 200 envelope as "Extended of the Control of the Label Number EK908123861U Director of the Label Number Label Number EK908123861U	L (37 CFR § 1.10) ence is being ne United States n 1 in an press Mail Post ssee" Mailing S addressed to	
MPLETE	EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION					
DATA ICATED	Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 USC 119	
IF JCABLE	(4) EPO	00102429-8	04/FEB/2000		☑ Yes ☐ No	
					☐ Yes ☐ No	
	ALL FOREIGN API	PLICATIONS, IF ANY, FILED	MORE THAN 12 MON	гит от яоіяя гит	☐ Yes ☐ No	
	(4)		Morte Time 12 Mort		THI DICKTON	
<u>n</u>	insofar as the subject matt application in the manner duty to disclose material in	under Title 35, United States er of each of the claims of th provided by the first paragra nformation as defined in Titl the prior application and the	is application is not dis ph of Title 35, United 5 e 37, Code of Federal I	closed in the prior Ustates Code, § 112. Regulations, § 1.56(a	Inited States I acknowledge the I) which occurred	
COMPLETE TA INDICAT APPLICABLI	TED (Application Serial N	No.) (Filing	g date)	(Status: patented, p	pending, abandoned)	
	(5) (Application Serial N	No.) (Filing	g date)	(Status: patented, p	pending, abandoned)	
	·			- · · ·	(Page 1 of 2)	

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Jeffrey A. Schwab, Registration Number 24,490 Thomas E. Spath, Registration Number 25,928 Jay S. Cinamon, Registration Number 24,156 Howard R. Jaeger, Registration Number 31,376 Anthony Coppola, Registration Number 41,493

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS REQUIRED FOR EACH INVENTOR

Full Name of Sole or First Inventor Wayne WOODROW	Inventor's Signature	Date					
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Full Name of Third Inventor, If Any	Inventor's Signature	Date					
Residence	Citizenship						
Post Office Address							
Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	Date					
Residence		Citizenship					
Post Office Address		!					
Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date					
Residence		Citizenship					
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